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PATENT  
2503-1215

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Ezio BOMBARDELLI

Conf. 1808

Application No. 10/580,190

Group 1614

Filed May 23, 2006

Examiner Unknown

COMPOSITIONS FOR THE TREATMENT OF AFFECTIONS  
OF THE ORAL CAVITY AND UPPER RESPIRATORY TRACT

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

February 15, 2007

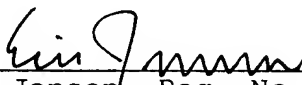
Sir:

Receipt is acknowledged of the Filing Receipt for  
Serial No. 10/580,190, filed May 23, 2006, in the name of Ezio  
BOMBARDELLI, in Group 1614.

It is requested that a new Filing Receipt be issued on  
which the priority data date is correctly given as November 4,  
2004, as shown by the accompanying originally-filed Application  
Data Sheet.

Respectfully submitted,

YOUNG & THOMPSON

  
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EJ/llb



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/580,190	05/23/2006	1614	900	2503-1215		15	2

CONFIRMATION NO. 1808

466  
YOUNG & THOMPSON  
745 SOUTH 23RD STREET  
2ND FLOOR  
ARLINGTON, VA 22202

## FILING RECEIPT



\*OC000000022215853\*

Date Mailed: 01/30/2007

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Ezio Bombardelli, Gropello Cairoli, ITALY;

## Assignment For Published Patent Application

INDENA S.P.A., MILANO, ITALY

Power of Attorney: The patent practitioners associated with Customer Number 466.

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/EP04/12472 11-04-2004 ~~44/44/2004~~

## Foreign Applications

ITALY MI2003A 002287 11/24/2003

If Required, Foreign Filing License Granted: 01/29/2007

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/580,190**

Projected Publication Date: 05/10/2007

Non-Publication Request: No

Early Publication Request: No

**Title**

Compositions for the treatment of affections of the oral cavity and upper respiratory tract

**Preliminary Class**

514

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Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	COMPOSITIONS FOR THE TREATMENT OF AFFECTIONS OF THE ORAL CAVITY AND UPPER RESPIRATORY TRACT
Attorney Docket Number::	2503-1215
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: EZIO  
Middle Name::  
Family Name:: BOMBARDELLI  
Name Suffix::  
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State or Province of  
Residence::  
Country of Residence:: ITALY  
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City of Mailing Address:: GROPELLO CAIROLI  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-27027

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/012472	11/4/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2003A 002287	11/24/2003	Yes

**Assignment Information**

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Postal or Zip Code of Mailing Address:: I-20139